



Tuscaloosa VA Medical Center Psychology Internship Program

MATCH Number: 217111

Applications Due: December 1, 2016

ACCREDITATION STATUS

The Psychology Internship Training Program at Tuscaloosa VA Medical Center was established in 2011 and is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002
(202) 336-5979/email: apaaccred@apa.org
www.apa.org/ed/accreditation

APPLICATION & SELECTION PROCEDURES

Eligibility

Candidates for the Tuscaloosa VAMC Psychology Internship Program must be a U.S. citizen enrolled in an APA-accredited clinical or counseling psychology graduate program. Applicants must be certified by their Director of Clinical Training as being ready for internship, and preferably will have only minor dissertation requirements remaining. Applicants should have a minimum of 1000 total clinical hours of practicum and assessment experiences. Preference is typically given to candidates who have supervised assessment and therapy experience with a broad range of psychopathology across varied adult populations and settings, supervised training in objective psychological and neuropsychological test administration, interpretation, and report writing, and those who have demonstrated interest and experience in research. As an equal opportunity training program, the TVAMC internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.

Application Procedures

Our internship is an APPIC member program. To submit an application, please visit the APPIC website (www.appic.org) for instructions on how to complete the online APPIC Application for Psychology Internships (AAPI). Interested individuals who meet eligibility criteria should submit the following application materials:

- A cover letter indicating interests
- APPIC Application for Psychology Internship (AAPI Online)
- Curriculum Vitae
- Official graduate transcript(s)
- A de-identified work sample (e.g., integrated report or case summary)
- Standardized Reference Forms from three references

Instructions for the Applicant Agreement form required for the Match from the National Matching Services program can be downloaded at www.natmatch.com/psychint. Applicants who cannot access the web site should contact National Matching Services (NMS) directly to request instructions and registration forms.

The deadline for submission of application materials is December 1, 2016.

Candidate Interviews

We have 4 full-time funded intern positions. Top candidates will be invited for personal interviews to take place in December or January. Onsite interviews are strongly encouraged; however, in special circumstances we may conduct phone interviews upon request. Please be sure to indicate a daytime telephone number and current e-mail address in your application materials so you can be reached to schedule an interview. The interview day will require approximately 4 hours and will include faculty presentations about the internship and rotations and opportunities to meet with faculty one-on-one. Inquiries about the program and interview process should be directed to the Internship Training Director at Audrey.Austin@va.gov. Applicants not selected to interview will receive notification by electronic mail no later than December 20, 2016. Individuals not interviewed will not be considered for selection during the initial Match.

Selection

The Tuscaloosa VAMC Psychology Internship Program complies with all APPIC guidelines in the recruitment and selection of interns, and participates in the NMS Match program. We abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any internship applicant. A complete copy of APPIC policies and the matching program can be found at the APPIC website, www.appic.org.

Successful candidates will be contacted by electronic mail regarding preferences for rotation assignments, and will begin the Internship Program on July 10, 2017. Acceptance is contingent upon passing a routine physical examination and background security check (as is true for all VA internships). All males over the age of 18 years of age are also required to register with the selective service to be eligible for VA training programs.

Thank you for your interest in our program. We look forward to hearing from you.

For further information contact:

Audrey L. Austin, MPH, PhD
TVAMC Internship Training Director
Psychology Service, 116-B
3701 Loop Road E.
Tuscaloosa, AL 35404
Phone: (205) 554-2000, Ext. 3028
Email: Audrey.Austin@va.gov

PROGRAM DESCRIPTION

The Tuscaloosa VA Medical Center Psychology Internship Program provides a one-year, full-time training experience for clinical and counseling psychology doctoral students from APA-accredited programs. The program provides broad-based, generalist training in clinical assessment, psychotherapy, consultation, and research with opportunities for focused training in PTSD, substance abuse, and health behavior/primary care.

Currently, we have 13 licensed psychologists on staff. Psychologists are highly active at the Tuscaloosa VA, currently serving in clinics addressing general mental health, substance use disorders, homelessness, PTSD, psychological assessment, neuropsychology, health behavior, integrated health/primary care, and geriatrics. Psychology faculty take seriously their obligation to contribute to the development of well-rounded, competent clinical psychologists prepared for the independent practice of psychology. The internship training staff is supportive, highly available for consultation, and sincerely interested in interns' professional development. This setting provides the intellectual stimulation associated with a university teaching hospital providing high quality clinical care and health care research. Because of our location in a rural community and excellent academic and community resources, we emphasize training in rural mental health, outreach, and rural healthcare.

Training Model and Program Philosophy

Our program is committed to honoring the profound role of science in guiding clinical practice. We appreciate the role of clinical science in providing the foundation for designing, implementing, and evaluating assessments and interventions. While we place a strong emphasis on understanding the science base of psychology, our program most closely reflects a practitioner-scholar training model.

Because of the training focus of our program, delivery of patient care is secondary to the educational mission. Our training goals are also consistent with the Tuscaloosa VA Medical Center's mission to provide quality care to veterans while advancing state of the art services through research and education.

Psychology staff assume the responsibility to prepare interns for the clinical and ethical demands of a challenging career in psychology. A developmental model guides our training program as interns begin the program with close supervision, mentorship, and didactic instruction. As skills develop and mastery increases, interns gain increasing autonomy in their clinical work. Competencies in professional practice are developed through clinical practice, individual and group supervision, and didactic training.

The TVAMC recognizes the importance of cultural and individual differences in the training of psychologists. Thus, our policies, didactic training, supervision, and clinical work all strive to foster an understanding of the importance that diversity issues play in our work. We formally integrate science and practice in a number of ways including didactic seminars on the scientific foundations of clinical practice, clinical care issues that are based on current empirical literature, participation in research activities during the internship year, the use of empirically validated and supported assessment and clinical interventions, and encouragement and provision of administrative leave to attend scientific meetings. We provide interns with a variety of experiences that prepare them for postdoctoral training settings or entry level practice in clinical, research or academic settings.

Program Goals & Objectives

Internship provides a year of intensive, supervised clinical training, intended as a bridge between graduate school and entry into the profession of psychology. Internship training at the Tuscaloosa VA is designed to accomplish a number of important goals as listed below.

Goal #1: *AT THE END OF TRAINING, INTERNS WILL DEMONSTRATE INTERMEDIATE TO ADVANCED COMPETENCY IN ASSESSMENT AND EVALUATION OF ADULTS WITH A VARIETY OF DIAGNOSES.*

Objective(s): Interns will develop competence in psychological evaluation and assessment of adults with a variety of diagnoses and psychosocial needs. Emphasis is placed on developing competence in diagnostic interviewing and the administration, scoring and interpretation of psychometrically-validated assessment and screening instruments.

Expected Competencies:

1. Ability to appropriately assess, evaluate, and conceptualize diagnoses for a broad range of diverse patients, including those with complex clinical presentations and complicated co-morbidities, incorporating a thorough understanding of current diagnostic criteria and incorporation of pertinent collateral data.
2. Ability to select and properly administer psychometrically sound assessment instruments and/or other evaluation methods appropriate to address the referral question and the clinical needs of the patient.
3. Awareness and understanding of biopsychosocial factors affecting psychological functioning and adherence to treatment recommendations.
4. Ability to consistently develop a case formulation based on a well-established theoretical orientation appropriate to the diagnosis and assessment results, incorporating individual differences and diversity issues.
5. Ability to produce a concise and thorough clinical report summarizing test results, significant findings, diagnostic impressions, and clinical recommendations.
6. Provides useful and accurate feedback to patients, referral sources, and/or treatment teams.
7. Ability to identify and respond to suicidal or homicidal ideation, intent, or plan, including performing suicide risk assessments adhering to TVAMC Center Memoranda 11-13 (*Suicide Risk Assessment and Documentation*) and 11-38 (*Management of Patients with Homicidal Behavior*).

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| 8. Ability to conduct assessments with an awareness and appreciation of current ethical and professional standards. |
| Goal #2: AT THE END OF TRAINING, INTERNS WILL DEMONSTRATE INTERMEDIATE TO ADVANCED SKILLS IN THE PROVISION OF PSYCHOLOGICAL INTERVENTIONS, INCLUDING EMPIRICALLY BASED/SUPPORTED TREATMENTS. |
| <u>Objective(s)</u> : Interns are expected to further develop their competency in general psychotherapy skills by providing psychotherapy implementing a number of empirically based/supported therapeutic interventions, techniques and approaches that are appropriate for work with a diverse veteran population. |
| <p><u>Expected Competencies</u>:</p> <ol style="list-style-type: none"> 1. Intern routinely informs patients of issues of confidentiality and obtains appropriate consent as needed (e.g., recording of sessions) prior to initiation of treatment. 2. Intern provides warm and supportive therapy environment and identifies and attends to process issues. 3. Intern collaboratively develops a treatment plan with the patient and documents progress toward treatment goal(s) on an ongoing basis. 4. Intern considers and incorporates current literature, including research and theory, in developing treatment plans. 5. Intern incorporates issues of culture, individual differences, and/or diversity into the selection of interventions. 6. Intern maintains an awareness and appreciation of current ethical and professional standards pertinent to psychotherapy 7. Intern recognizes and responds appropriately to patient crises. 8. Interns will demonstrate skill in delivering at least one evidence-based psychotherapy (e.g., Prolonged Exposure, Cognitive Processing Therapy) appropriate for a veteran population. |
| Goal #3: AT THE END OF TRAINING, INTERNS WILL DEMONSTRATE INTERMEDIATE TO ADVANCED SKILLS IN SCHOLARLY INQUIRY AND THE INTEGRATION OF CURRENT SCIENCE AND CLINICAL PRACTICE. |
| <u>Objective</u> : Interns will independently consider and incorporate current science and research findings into all aspects of patient care and professional activities. |
| <p><u>Expected Competencies</u>:</p> <ol style="list-style-type: none"> 1. Demonstrates knowledge of and incorporation of current literature, research, and theory in clinical practice by routinely referencing the literature in presentations, during case conferences, and during individual/group supervision. 2. Readily identifies knowledge deficits and is proactive in seeking means to obtain requisite knowledge via review of the literature, professional consultation, and/or other means of study (e.g., seminars, workshops, and/or conference presentations). 3. Demonstrates critical thinking skills in case formulations, supervision, and clinical care. |

Goal #4: AT THE END OF TRAINING, INTERNS WILL DEMONSTRATE INTERMEDIATE TO ADVANCED KNOWLEDGE, SKILLS, AND ATTITUDES CONSISTENT WITH AN APPRECIATION OF INDIVIDUAL AND CULTURAL DIVERSITY.

Objective(s): Interns maintain awareness of and sensitivity to diversity issues in terms of gender, age, sexual orientation, disability, religion/spirituality, culture, ethnicity, race and other pertinent individual differences. Interns assess and consider issues of individual differences and cultural diversity in all patient interactions, assessments, and interventions, and maintain awareness of their own cultural biases.

Expected Competencies:

1. Interns consider their own culture, ethnic background, and personal biases in regards to how these may impact their interactions with diverse patients, staff, and colleagues.
2. Interns demonstrate the ability to effectively and respectfully work with diverse populations, and provide appropriate assessments and interventions in response to a range of presenting problems and treatment concerns.
3. Interns demonstrate knowledge and understanding of unique issues related to military and veteran culture.
4. Interns readily identify personal knowledge deficits in the area of individual/cultural diversity, proactively recognize when additional knowledge is needed, and discuss in individual and/or group supervision.
5. Interns develop awareness of the effects of cultural/diversity issues and individual differences on response to illness and/or response to treatment, and are knowledgeable about disparities in access to care and treatment outcomes.
6. Interns demonstrate skill in applying and/or adapting evidence-based interventions with special populations.

Goal #5: AT THE END OF TRAINING, INTERNS WILL DEMONSTRATE INTERMEDIATE TO ADVANCED SKILLS IN PROFESSIONAL CONSULTATION, SUPERVISION AND EVALUATION.

Objective 1: Interns will obtain intermediate to advanced knowledge, skills, and attitudes related to consultation allowing them to function as effective members of a healthcare team.

Expected Competencies:

1. Demonstrates understanding of professional roles within a healthcare setting.
2. Routinely selects the correct assessment/intervention technique to effectively respond to the consultation and the referral question.
3. Ability to collaborate with interdisciplinary providers.
4. Ability to present cases to other professionals in a standardized manner, incorporating biopsychosocial issues and providing clinical recommendations with minimal supervision.
5. Tailors feedback to the audience.
6. Documents patient contacts, assessment, and intervention in a timely and organized manner with minimal supervision and communicates findings to referral source.

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| <p><u>Objective 2:</u> Interns will obtain intermediate to advanced knowledge of effective supervision techniques</p> |
| <p><u>Expected Competencies:</u></p> <ol style="list-style-type: none"> 1. Demonstrates knowledge and understanding of accepted theories and practice of supervision. 2. Responsive to individual and group supervision, comes prepared, and utilizes feedback well. 3. Maintains confidentiality and safe environment during individual and group supervision. 4. Provides feedback to others in a mature and constructive manner. 5. Considers culture and individual differences when providing and/or receiving supervision. |
| <p><u>Objective 3:</u> Interns will obtain intermediate to advanced knowledge of evaluation, including program evaluation and evaluation of patient progress.</p> |
| <p><u>Expected Competencies:</u></p> <ol style="list-style-type: none"> 1. Demonstrates knowledge and understanding of program and patient evaluation. 2. Documents ongoing patient evaluation and makes necessary changes to the treatment plan as needed. 3. Provides formal and informal feedback to the Training Committee that facilitates program improvements and/or changes as needed. 4. Serves as the Intern Representative to the Training Committee. 5. Considers culture and individual differences relevant to patient and program evaluation. |
| <p>Goal #6: AT THE END OF TRAINING, INTERN WILL DEMONSTRATE INTERMEDIATE TO ADVANCED SKILLS IN PROFESSIONAL CONDUCT, ETHICS AND LEGAL ISSUES.</p> |
| <p><u>Objective:</u> Intern will demonstrate professional knowledge and behavior consistent with local and national professional standards, the APA ethical guidelines, and pertinent federal policies.</p> |
| <p><u>Expected Competencies:</u></p> <ol style="list-style-type: none"> 1. Demonstrates knowledge in ethical and legal issues related to all areas of functioning including patient care and interactions with peers and supervisors. 2. Adheres to the Ethical Guidelines of the American Psychological Association and with current professional standards, including the VA Code of Conduct. 3. Demonstrates awareness of professional boundaries and personal issues that might interfere with functioning. 4. Maintains professional deportment in dress, behavior, and interactions with other professionals and patients. 5. Across the course of the training year, assumes increasing professional responsibility for workload, patient care, consultation, and teaching activities. 6. Demonstrates consolidation of knowledge, skills and attitudes consistent with professional identity as a psychologist, including knowledge of current trends in the field, awareness of new and |

emerging clinical treatments, and appreciation of the evolving scientific basis of the discipline.

7. Demonstrates an appreciation for the need for ongoing professional development, identity, and knowledge base.

Program Structure

The internship year is structured to provide significant breadth of training by maximizing exposure to a wide range of experiences, while offering sufficient concentration to provide depth of learning and building of expertise. The required workweek is 40 hours with interns spending 32 hours per week on their clinical rotations. We expect that interns will accrue on average at least 15 hours per week of direct face-to-face clinical contacts. The remaining time is devoted to didactic training, research, and administrative activities.

Interns participate in two six-month primary rotations. Each intern devotes three days per week to clinical training and supervision on the primary rotation and one day a week at a secondary rotation, which must be at a site different from the primary rotation. All interns are required to complete a 3-month secondary rotation in Psychological Assessment and may request additional secondary experiences of 3, 6, or 9 months in length within other rotations for the remainder of the training year. Secondary rotations are intended to supplement the interns' experience by giving interns the opportunity to connect with a staff member with whom they would not otherwise have an opportunity to work, or to work with a different population than is available to them on their primary rotation. Because the internship places a particular emphasis on training psychologists who are well-rounded, the secondary rotation is also often used to fill gaps in knowledge and/or skills. The secondary rotation is eight hours per week, including one hour of individual supervision with a licensed psychologist.

Final assignment of primary and secondary rotations takes into account the intern's expressed preferences, faculty and intern evaluation of the intern's training needs, and the availability of particular experiences and supervision. Secondary rotation activities are scheduled on the same day of the week, so that interns working at secondary sites can use the offices of primary interns, who are themselves away at their own secondary sites. (See the section titled Clinical Training Experiences for detailed descriptions.)

Primary Rotation Opportunities

- OEF/OIF/OND Transition Center
- Primary Care/Mental Health Integration (PCMHI)
- Health Behavior & Functional Restoration Pain Program
- Residential Rehabilitation Treatment Program – Domiciliary Care for Homeless Veterans
- Residential Rehabilitation Treatment Program – Dual Diagnosis
- Psychosocial Residential Rehabilitation Treatment Program (PRRTP)

Secondary Rotation Opportunities

- Assessment
- Primary Care/Mental Health Integration (PCMHI)
- Health Behavior & Functional Restoration Pain Program
- Residential Rehabilitation Treatment Program – Domiciliary Care for Homeless Veterans
- Residential Rehabilitation Treatment Program – Dual Diagnosis
- Psychosocial Residential Rehabilitation Treatment Program (PRRTP)

Supervision

Supervision is critical to the internship training process in all areas, including clinical service delivery, consultation, research, and clinical supervision. In addition to the mandatory four hours of supervision each week, a significant amount of informal, impromptu supervision is also provided.

Evaluation

Specific training needs and goals are elucidated through the development of individualized training plans that are consistent with the goals, objectives, and competencies of the broader training program. Informal progress is monitored on an ongoing basis and more formal evaluations are conducted at mid-point and the end of the training year. Copies of the mid-year and final evaluations are forwarded to the intern's graduate program. At any time that a significant problem in training progress requiring formal remediation is noted, the Director of Clinical Training (DCT) at the home institution will be notified. Copies of any subsequent remediation plans and outcomes will also be forwarded in accordance with the TVAMC policies and procedures that are included in the Training Manual.

Preceptors

Each intern may select a preceptor for the training year. Preceptors are selected from available licensed staff who do not maintain supervisory responsibility for the intern. The role of the preceptor is that of mentor in issues such as professional development and functioning and they also provide assistance to the intern in negotiating the internship year and planning for activities after training.

Research

The Tuscaloosa VA Medical Center has an active and growing research program, which offers opportunities for volunteer participation in numerous research studies. Commensurate with the overall mission of the medical center, research conducted at the facility aims to advance our ability to provide exceptional health care to veterans and to improve their general health and well-being. The types of research typically conducted are clinical investigations of the etiology, evaluation, assessment, and treatment of psychiatric and psychosocial issues, and the outcome of mental health interventions. Recent studies have included the investigation of the efficacy and side effects of medications in the treatment of PTSD, major depressive disorder, and discomfort in dementia. Other research initiatives have focused on supported employment for veterans with PTSD, rural health outreach initiatives, psychosocial interventions for patients with severe

mental illness and their family members, and primary care customization for the homeless. Interns are invited to participate in research activities throughout the training year and may be given protected time for research endeavors if requested and approved. For those interns with a strong research interest, additional research time may be awarded on an individual basis. Interns will have the opportunity to talk to research staff about their research interests and ideas during interviews and again during the first few weeks of orientation.

CLINICAL TRAINING EXPERIENCES

Below is a list of rotations that are currently available. Selection of rotations requires approval of the Internship Training Director, Internship Training Committee, and supervisors.

OEF/OIF/OND Transition Center

Supervisors: Dr. Vincent (Tony) Intoccia and Dr. David (Dave) MacVicar

The Transition Center is a post-deployment integrated care clinic (PDICC) serving recently returned veterans from Operation Enduring Freedom and Operation Iraqi Freedom. The Transition Center, based on the patient-centered medical home model, has been recognized as a “best practice” and has served as a model for VA facilities around the country working to develop coordinated, co-located care for newly returning veterans. Interns will be involved in the assessment, treatment planning, coordination of care, and treatment of veterans receiving care in this clinic. As such, interns will learn how to work collaboratively and efficiently within a multidisciplinary primary care setting. Interns will be afforded the opportunity to gain skill in effective consultation with medical team members, brief targeted assessment, and the provision of brief, evidenced-based psychotherapy for the treatment of anxiety and mood disorders.

Special emphasis will be placed on training and supervision of evidenced-based treatments, including Prolonged Exposure Therapy (PE), Acceptance and Commitment Therapy, and Cognitive Behavioral Therapy for depression, anxiety, and insomnia. This rotation places a specific focus on Prolonged Exposure for the treatment of combat and non-combat PTSD. Training mirrors the National Center for PTSD PE training for VA providers. This includes session-by-session review of the *Prolonged Exposure Therapy for PTSD* manual (Foa, Hembree, & Rothbaum, 2007), audio review of all PE sessions, fidelity checklists for each session, and modeling as needed. Interns will also become adept at the common transition related challenges faced by veterans and their families through the deployment cycle

Primary Care/Mental Health Integration (PCMHI)

Supervisor: Dr. Tony Cross

The Primary Care/Mental Health Integration (PCMHI) program is designed on an open access system platform with the primary function of providing direct access to same-day mental health services. This program is built on a population-based foundation and utilizes a basic stepped care approach to assessment, treatment, and referral. Within this program patients are seen in a brief patient self-management model, emphasizing screening and assessment, solution focused brief behavioral and cognitive behavioral interventions, and increasing exposure to basic steps of healthy lifestyle modification. Patients are most typically referred based on population-based

screening for problematic alcohol use, depression, and post-traumatic stress disorder; however, patients can be treated for a variety of behavioral health conditions as well (e.g., chronic pain, smoking cessation, medication adherence, and lifestyle modification).

Health Behavior and Functional Restoration Pain Program (FRPP)

Supervisor: Dr. Audrey Austin

This rotation emphasizes assessment and intervention related to medical comorbidities, such as obesity, diabetes, chronic pain, and other chronic illnesses. Interns selecting this rotation will work with the facility's Health Behavior Coordinator to provide clinical care to veterans, as well as health education and coaching (e.g., Motivational Interviewing) to both staff and veterans. Assessment experience includes initial diagnostic assessment with all referred patients and comprehensive pre-surgical evaluation of patients preparing for bariatric surgery or organ transplantation. Interns will co-facilitate the weekly MOVE! weight management group and may also provide psychoeducational presentations to participants in the facility's diabetes self-management group.

A primary focus of this rotation is training in evidence-based treatment for chronic pain. Interns will provide Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP) for individuals and groups, face-to-face or via Clinical Video Telehealth technology when indicated. Interns will participate as part of the Functional Restoration Pain Program treatment team, working collaboratively with the program's Advance Practice Nurse, RN Care Manager, Clinical Pharmacist, and Physician. Additionally, interns will gain exposure to federal and facility policy related to the use and management of prescription opioids.

Residential Rehabilitation Treatment Program (RRTP)

Primary Supervisors: Dr. Andrew Oakland and Dr. Andrea Rehmert

The Residential Rehabilitation Treatment Program (RRTP) is a 96-bed inpatient rehabilitation program comprised of sub-units emphasizing intervention for homelessness, posttraumatic stress disorder, and substance abuse. The RRTP concept grew out of the VA's longstanding Domiciliary program, with a national effort to transform all "Doms" into fully functioning rehabilitation facilities, with emphasis on mental health recovery and return to productive community living at the optimal level for each resident.

Interns who choose this rotation will have the benefit of significant clinical exposure and experiences, including but not limited to: 1) participation in multidisciplinary treatment team meetings that have direct impact on treatment planning and management of residents' needs and concerns, 2) individual and group therapy service provision with an emphasis on learning evidence-based treatments (including Cognitive Processing Therapy and Prolonged Exposure), 3) formal assessment of personality disorders to address specific concerns of treatment team members, and 4) additional work with specialty staff including addiction therapists and peer counselors. This is an excellent opportunity to work with a complex population of veterans who represent multiple military service and have multiple psychiatric and psychosocial challenges.

Interns will have the option of working primarily with homeless veterans through the Domiciliary Care for Homeless Veterans (DCHV) program under the supervision of Dr. Oakland, or with veterans in the dual diagnosis programs (PTSD/Substance Abuse) under the supervision of Dr. Rehmert. However, because these programs are housed in the same physical area and veterans participate in many of the same groups, interns are likely to provide assessment and clinical intervention to veterans across the residential unit. Interns may also expect some contact with veterans and staff in the new Psychosocial Residential Rehabilitation Treatment Program (see below).

Psychosocial Residential Rehabilitation Treatment Program (PRRTP)

Supervisor: Dr. Elizabeth Outman

The facility's newly opening PRRTP is a 52-bed unit designed to serve the needs of a diverse and complex veteran population. This unit provides expanded capacity to treat veterans experiencing PTSD, substance use disorders, and/or homelessness. It will also serve as an "all-inclusive" unit to meet the needs of veterans with various other psychiatric conditions and comorbidities, including severe and persistent mental illness. Interns on this rotation will assess and treat veterans presenting across a wide spectrum of behavioral issues. Emphasis will be placed on developing competence in diagnostic interviewing/psychological assessment, interdisciplinary consultation, and implementation of evidence-based treatments. Interns will also have the opportunity to treat behavioral health conditions (e.g., nicotine dependence, chronic pain, treatment nonadherence) as relevant to the veterans' overall recovery goals.

Psychological Assessment

Supervisor: Dr. Adriana Yon

The Psychological Assessment and Testing Center (PATC) provides services to adult and geriatric inpatients and outpatients with a variety of psychiatric, medical, and neurological conditions. Questions regarding differential diagnosis of psychological disorders are typically posed to PATC staff. Other common reasons for referral include diagnostic issues related to traumatic brain injury, neurodegenerative disorders, stroke, infections, and neoplastic disease. Many patients also have comorbid conditions such as substance abuse, depression, anxiety, severe mental illness, PTSD, and attentional/learning disorders. Assessment training available to interns primarily focuses on general cognitive and personality assessments that inform treatment planning. It should be noted that TVAMC does not provide formal neuropsychological training as delineated in the Houston Conference guidelines.

DIDACTICS

Didactic training provides educational opportunities in a broad array of topics important to clinical practice including assessment, evidence-based psychotherapy, diversity, behavioral health, ethics, consultation, program evaluation, supervision, and professional development.

Other avenues for learning include attendance at lectures, seminars, team meetings and case conferences. Interns also have the opportunity to attend similar activities as they arise in the Psychology Department at the University of Alabama.

REQUIREMENTS FOR COMPLETION

All VA doctoral internships are full-time, 52-week experiences. To successfully complete the program each intern must complete a total of 2080 hours (minus leave). Interns and supervisors develop specific training targets for each rotation and these targets must be consistent with the program's broader training goals, objectives, and expected competencies. Interns are provided with copies of all evaluation forms during orientation which include the expectations regarding clinical competencies that are expected as well as the minimal level of achievement to successfully complete the program.

Upon completion of the program all interns will demonstrate competence in the following domains:

- Research
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Professional Values, Attitudes, and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and Interprofessional/Interdisciplinary Skills

In addition to developing clinical competencies, maintaining good standing within the program also necessitates certain levels of professional behavior. Interns are expected to appear and conduct themselves as professionals. Veterans, families, staff, and fellow interns shall be treated with dignity and respect at all times. The APA ethical guidelines, HIPPA regulations, and VA Privacy policies will be strictly adhered to, especially in matters of confidentiality of information, non-exploitation of patients, and avoiding conflicts of interest. Additionally, interns are responsible for conforming to all other Medical Center and Office of Personnel Management regulations concerning conduct and behavior.

FACILITY AND TRAINING RESOURCES

RESOURCES AND BENEFITS

Many resources are available as part of the training program. We enjoy a highly committed and accomplished psychology faculty and multidisciplinary colleagues who are actively involved in our training programs, contributing to a rich environment for interprofessional training, consultation, and leadership. Trainees can expect to have private office space during their training tenure. Networked desktop computers, equipped with the latest version of MS Office Professional, are provided for patient care, word processing, and internet access for literature and other search services. Testing materials and reference resources are provided for trainees' use.

Financial Support. The current intern annual stipend is \$24,014, to be paid in 26 bi-weekly installments. You must arrange to have pay deposited directly to your banking account. Checks are automatically deposited every other Friday.

Health Insurance. VA covers health care benefits for interns on a matching basis (i.e., trainees pay a portion of the premium for the insurance program and VA pays the other portion of the premium). Health insurance is also available to trainees' spouses and dependent children. Details of health insurance plans available to you will be presented by the Human Resources service during orientation and you can select the plan that works best for you.

Work Hours. Like other Medical Center employees, interns work a 40-hour week with a standard work day (tour of duty) from 8:00 AM to 4:30 PM, with 30 minutes for lunch, resulting in an 8-hour day. Please plan to arrive and be present at your duty station ready to begin work at 8:00 AM.

Leave. Interns accrue four hours of annual leave (vacation) and sick leave per pay period, in the same manner as other Medical Center employees, for a total of 13 days of annual leave and 13 days of available sick leave during the year. In addition, interns receive ten paid federal holidays. Interns are required to use all their annual leave prior to the end of internship. In limited cases, authorized absence (leave that does not count against AL or SL) may be granted for attendance at conferences, workshops, professional meetings, and the doctoral oral exam or dissertation defense at the discretion of the Training Director and the Chief of Psychology.

ADMINISTRATIVE POLICIES AND PROCEDURES

Self Disclosure. The Tuscaloosa VA Medical Center's Psychology Training Program does not require interns to disclose personal information in the context of their training unless the supervisor feels that such personal information is needed in order to evaluate or obtain assistance for a trainee whose personal problems are preventing them from performing professional activities competently or whose problems are posing a threat to the trainee or others.

Due Process. All trainees are afforded the right to due process in matters of problematic behavior and grievances. A due process document is distributed to every intern during orientation and reviewed in detail. A copy of our due process policy is available upon request.

Privacy Policy. We do not collect personal information about you when you visit our website.

TRAINING STAFF

Audrey L. Austin, MPH, PhD

Internship Training Director

Health Behavior Coordinator

Staff Psychologist, Functional Restoration Pain Program

Doctoral Degree: University of Alabama, 2013

Clinical/Research Interests: behavioral medicine, public health, health disparities, healthy aging, evidence-based treatment of trauma

Maria A. Bergman, PhD, ABPP

Clinical Neuropsychologist

Staff Psychologist, Psychological Assessment & Testing Center

Doctoral Degree: Illinois Institute of Technology, 2003

Clinical/Research Interests: psychological assessment, clinical neuropsychology, traumatic brain injury, stroke, adjustment and coping following disability/trauma/illness

Tony H. Cross, PhD

Staff Psychologist, Primary Care/Mental Health Integration

Doctoral Degree: University of Alabama, 2009

Clinical/Research Interests: primary care psychology, behavioral medicine, chronic pain

Kim E. Dixon, PhD, ABPP

TVAMC Chief of Psychology

Doctoral Degree: University of Alabama, 2003

Clinical/Research Interests: health psychology, chronic pain, diabetes, health disparities, behavioral and lifestyle factors interfering with disease management

Michelle Hilgeman, PhD

Research Psychologist, TVAMC Research & Development Service

Faculty Affiliate, Alabama Research Institute on Aging

Investigator, Tuscaloosa Research Education and Advancement Center

Doctoral Degree: University of Alabama, 2010

Clinical/Research Interests: clinical geropsychology, end-of-life decision-making, caregiver experiences, quality of life and quality care for individuals with memory related disorders

Vincent A. Intoccia, PsyD

Associate Internship Training Director

Staff Psychologist, OEF/OIF/OND Transition Center

Doctoral Degree: Spalding University, 2007

Clinical/Research Interests: health psychology, primary care and pain psychology, program development/implementation/evaluation

David W. MacVicar, PhD

Staff Psychologist, OEF/OIF/OND Transition Center

Local Evidence-Based Psychotherapy Coordinator

Doctoral Degree: University of Montana, 2002

Clinical/Research Interests: evidence-based treatments for PTSD; integrated and co-located mental health treatment within primary care

Andrew P. Oakland, PhD

Staff Psychologist, Domiciliary Care for Homeless Veterans

Doctoral Degree: University of Nebraska, 2015

Clinical/Research Interests: substance abuse and PTSD treatment; cognitive processing therapy, motivational interviewing, cognitive-behavioral intervention

Elizabeth Outman, PhD

Staff Psychologist, Psychosocial Residential Rehabilitation Program

Doctoral Degree: University of Georgia, 2003

Clinical/Research Interests: evidence-based treatments for PTSD; motivational interviewing, integrated behavioral health interventions (e.g., smoking cessation, weight management); medical education

Andrea Rehmert, PhD

Staff Psychologist and Acting Program Manager, Residential Rehabilitation Treatment Program

Doctoral Degree: University of Colorado at Colorado Springs, 2014

Clinical/Research Interests: evidence-based treatments for PTSD; DBT, working with older adults, working on multidisciplinary teams

Adriana Yon, PhD

Clinical Neuropsychologist

Staff Psychologist, Psychological Assessment & Testing Center

Doctoral Degree: University of Alabama, 2009

Clinical/Research Interests: gero-neuropsychology, dementia treatment and research, performance validity testing

LOCAL INFORMATION

The Tuscaloosa VA Medical Center (TVAMC) includes the main medical center complex situated on a beautiful campus of 125 acres with 25 major buildings, as well as a community based healthcare clinic located in Selma, AL. The TVAMC is part of Veterans Integrated Service Network (VISN) 7 which also includes the Birmingham VA, Central AL Veterans Health Care System, Atlanta VA, Dublin VA, Charleston VA, and the Columbia VA. The TVAMC is a teaching hospital affiliated with the University of Alabama (both at Tuscaloosa and Birmingham) and shares training programs in psychiatry, clinical pharmacy, and social work.

Tuscaloosa is also home to the University of Alabama, which has a number of strong collegiate athletic programs that have accumulated numerous National Championship titles. In addition to sports, the University sponsors a number of cultural events including live theatre, dance, and musical performances. The campus also houses a number of museums and galleries including the Sarah Moody art gallery, the Paul “Bear” Bryant museum, and the Alabama Museum of Natural History.

The City of Tuscaloosa takes its name from the Choctaw Indian Chief "tushka lusa" (tushka meaning "warrior", lusa meaning "black"). The Black Warrior River, which runs through the town, also has strong ties to indigenous Native Americans. The City has emerged as one of America's most progressive communities and was named the Most Livable City in America at the 2011 Conference of Mayors. The Riverfront and Downtown areas are in the midst of an ongoing multi-million dollar reinvestment. The area is home to the 7,470 seat Tuscaloosa Amphitheater and a vibrant downtown district. Tuscaloosa is in close proximity to Birmingham, AL, a metropolitan area of more than a million residents.